

CLAIMS ONLY							Application Number <i>09/712 821</i>	Filing Date
							Applicant(s)	
* May be used for additional claims or amendments								
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1								
2								
3								
4								
5								
6								
7	<i>1</i>							
8		<i>1</i>						
9								
10								
11	<i>1</i>							
12	<i>1</i>							
13	<i>1</i>							
14								
15		<i>1</i>						
16		<i>2</i>						
17								
18		<i>1</i>						
19		<i>2</i>						
20		<i>2</i>						
21	<i>1</i>							
22		<i>1</i>						
23		<i>1</i>						
24		<i>1</i>						
25	<i>1</i>							
26		<i>1</i>						
27		<i>1</i>						
28	<i>1</i>							
29		<i>1</i>						
30		<i>1</i>						
31		<i>1</i>						
32		<i>3</i>						
33		<i>3</i>						
34		<i>2</i>						
35		<i>2</i>						
36		<i>3</i>						
37		<i>7</i>						
38	<i>1</i>							
39		<i>1</i>						
40		<i>1</i>						
41		<i>1</i>						
42		<i>1</i>						
43		<i>1</i>						
44		<i>1</i>						
45		<i>1</i>						
46								
47								
48								
49								
50								
Total Indep	<i>8</i>							
Total Depend	<i>96</i>							
Total Claims	<i>54</i>							